

**HOME AND COMMUNITY BASED CARE WAIVERS:
HIV/AIDS WAIVER**

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DESCRIPTION

Five alternative services are provided under this waiver to individuals with AIDS or who are HIV + symptomatic and are at-risk of institutionalization. To receive such services, an individual must be at-risk of inpatient hospital placement or nursing home care and the provision of home and community-based care must be determined by a Pre-admission Screening Team and/or DMAS to be a medically appropriate, cost-effective alternative. Individuals may not receive services under any other home and community-based waiver while receiving services under this waiver. However, they may receive services solely or in combination under any of the services included in the HIV/AIDS Waiver. The waiver year now runs concurrently with the state fiscal year from July 1st through June 30th.

WAIVER INFORMATION¹

Service	Effective Date	Covered Services	Excluded Services	Pre-Screening and Authorization	Billing	Current Rates	
						NOVA	ROS
Private Duty Nursing	January 1991	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse	Amount limited only by medical necessity and cost effectiveness.	Pre-assessment completed by a Pre-admission Screening Team and/or DMAS. Pre-authorization contractor authorizes services.	Providers bill monthly using procedure codes to indicate the type of service provided. Reimbursement is made for the number of hours that the RN or LPN provided care during a calendar month.	RN: \$30.00/hr LPN: \$26.00/hr	RN: \$24.70/hr LPN: \$21.45/hr
Personal Care	January 1991	Reimbursement for services of Personal Care Aides who assist with the recipient's activities of daily living such as bathing, dressing, transferring, ambulation and meal preparation.	<ul style="list-style-type: none"> Transportation services. (Note: While the aide/agency cannot transport recipients, they may escort them.) Skilled services requiring professional skills or invasive therapies. Services provided to other members of the household 	Pre-assessment completed by a Pre-admission Screening Team and/or DMAS. Pre-authorization contractor authorizes services.	Reimbursement is for the number of hours that the personal care aide rendered for the recipient. Bi-weekly timesheets are submitted to the Fiscal Agent.	<u>Agency-directed:</u> \$15.11/hour <u>Consumer-directed:</u> \$10.61/hour Note: The rate for Personal Care services in the HIV/AIDS Waiver is higher than the rate in other waivers.	<u>Agency-directed:</u> \$13.31/hour <u>Consumer-directed:</u> \$8.19/hour
Respite Care	January 1991	Reimbursement for care provided by a RN, LPN, or Aides as respite for up to 30 days or 720 hours per calendar year. Differs from Personal Care in that the goal is for the relief of the caregiver.	<ul style="list-style-type: none"> Transportation services. (Note: While the aide/agency cannot transport recipients, they may escort them.) Services provided to other members of the household 	Pre-assessment completed by a Pre-admission Screening Team and/or DMAS. Pre-authorization contractor authorizes services.	Reimbursement is made for the number of hours of that the personal care aide, RN, or LPN rendered for the recipient. Personal attendants who provide respite services submit bi-weekly timesheets to the Fiscal Agent.	<u>Agency-directed:</u> Aide: \$15.11/hour RN: \$30.00/hour LPN: \$26.00/hour <u>Consumer-directed:</u> Aide: \$10.61/hour	<u>Agency-directed:</u> Aide: \$13.31/hour RN: \$24.70/hour LPN: \$21.45/hour <u>Consumer-directed:</u> Aide: \$8.19/hour
Enteral Nutrition	January 2002	Reimbursement in accordance with DMAS established criteria described in Chapter IV of the DME manual.		Billing must be supported by a DMAS-116.	Providers must use the appropriate HCPCS codes identified in the "Medicaid DME and Supplies Listing" when billing for enteral nutrition.	The rates paid for nutritional supplements are in accordance with the current DME fee schedule, as published in Appendix B of the Medical Supplies and Equipment Provider Manual, issued by DMAS.	
Case Management	January 1991	Reimbursement for monitoring, reevaluation, revisions to the plan of care and integration of services provided by case managers for approved HIV/AIDS waiver recipients.	A maximum of 10 hours of case management services may be billed per month per recipient.	Pre-assessment completed by a Pre-admission Screening Team and/or DMAS. Pre-authorization contractor authorizes services.	Reimbursement is made for the number of hours (up to 10 per recipient) of service to the recipient's care during a calendar month.	\$20.00/hour	\$15.00/hour
Consumer-Directed Services Facilitation	March 2003	Responsible for monitoring the ongoing provision of CD services.		Pre-assessment completed by a Pre-admission Screening Team and/or DMAS. Pre-authorization contractor authorizes services.	Services Facilitation is billed using procedure codes to indicate the type of service provided.	<u>Comprehensive Visit:</u> \$219.45 \$169.05 <u>Routine Visit:</u> \$68.25 \$52.50 <u>Reassessment Visit:</u> \$110.25 \$84.00 <u>Consumer Training:</u> \$218.40 \$168.00 <u>Management Training:</u> \$27.30 \$21.00 <u>Criminal Record Check:</u> \$15.00 each <u>CPS Registry:</u> \$5.00 each	

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HIV/AIDS WAIVER (Continued)

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RECIPIENT AND PAYMENT DATA²

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Private Duty Nursing										
Number of Recipients	109	92	67	55	54	27	14	1	3	0
Payments	\$384,898	\$238,744	\$229,088	\$206,336	\$219,734	\$117,153	\$104,992	\$35,756	\$1,785	\$0
Cost per Recipient	\$3,531	\$2,595	\$3,419	\$3,752	\$4,069	\$4,339	\$7,499	\$35,756	\$595	\$0
Agency-Directed Personal Care										
Number of Recipients	302	186	134	137	114	91	69	57	66	82
Payments	\$1,178,095	\$1,111,641	\$722,071	\$653,669	\$544,973	\$536,841	\$536,293	\$458,514	\$417,826	\$622,960
Cost per Recipient	\$3,901	\$5,977	\$5,389	\$4,771	\$4,780	\$5,899	\$7,772	\$8,044	\$6,331	\$7,597
Consumer-Directed Personal Care										
Number of Recipients								0	1	1
Payments								\$0	\$3,080	\$24,090
Cost per Recipient								\$0	\$3,080	\$24,090
Agency-Directed Respite Care										
Number of Recipients	19	11	5	4	14	10	10	6	14	20
Payments	\$35,739	\$17,768	\$10,032	\$2,069	\$12,686	\$38,797	\$7,718	\$10,137	\$33,470	\$55,220
Cost per Recipient	\$1,881	\$1,615	\$2,006	\$517	\$906	\$3,880	\$772	\$1,690	\$2,391	\$2,761
Consumer-Directed Respite Care										
Number of Recipients								0	0	1
Payments								\$0	\$0	\$6,340
Cost per Recipient								\$0	\$0	\$6,340
Enteral Nutrition										
Number of Recipients								9	18	22
Payments								\$11,386	\$10,701	\$8,243
Cost per Recipient								\$1,265	\$595	\$375
Case Management										
Number of Recipients	608	615	547	504	444	397	322	266	259	188
Payments	\$200,225	\$240,332	\$209,375	\$230,841	\$229,660	\$193,950	\$170,130	\$156,531	\$138,284	\$65,944
Cost per Recipient	\$329	\$391	\$383	\$458	\$517	\$489	\$528	\$588	\$534	\$351
CD Services Facilitation										
Number of Recipients								0	0	1
Payments								\$0	\$0	\$500
Cost per Recipient								\$0	\$0	\$500
TOTAL SERVICES										
Number of Recipients	653	636	564	516	465	417	337	277	274	213
Payments	\$1,798,957	\$1,608,485	\$1,170,566	\$1,092,915	\$1,007,053	\$886,741	\$819,133	\$672,324	\$605,146	\$783,297
Cost per Recipient	\$2,755	\$2,529	\$2,075	\$2,118	\$2,166	\$2,126	\$2,431	\$2,427	\$2,209	\$3,677

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Originator: Jeff Beard

Notes:

- (1) HIV/AIDS Waiver Services Manual.
- (2) Recipient and expenditures data sources include the CMS 372 Report series "Annual Report on Home and Community-Based Waivers", the DMAS CD Payroll